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**Health Information Exchange (HIE) Advisory Commission
December 4, 2014
Meeting Minutes**

Attendance:

Commission Members: David Gorelick, MD (Chair), Paula Hemond, Nicole Lagace, Lisa Shea, MD, Ted Almon

State Staff: Melissa Lauer, Amy Zimmerman

Guests: Laura Adams (Rhode Island Quality Institute), Elaine Fontaine (Rhode Island Quality Institute), Jennifer Bowdoin (Rhode Island Quality Institute), Peggy Menna (Rhode Island Quality Institute),

1. Meeting Called to Order: at 3:30PM by Chair, Dr. David Gorelick.

a) Introductions

- Ms. Hemond is now the Manager of Health Information Services at Home & Hospice Care of Rhode Island
- Ms. Lagace clarified that she is employed by Housing Works RI @ Roger Williams University.

b) Minutes (October 23, 2014) approved unanimously

2. Public Comment: None

3. Update on HIE Advisory Commission Recommendations

- Dr. Fine sent a response to the Commission (see attached) as a result of the two approved recommendation letters passed at the October 23, 2014 meeting. There were no questions about Dr. Fine's response.
- Dr. Gorelick asked how the Commission should expect to receive feedback on success of recommendations. Ms. Adams stated that from her perspective the recommendations should not be costly to implement and she will discuss them with her staff at RIQI. Ms. Zimmerman and Ms. Lauer will develop a process for ongoing tracking of actions regarding approved Commission recommendations. Dr. Gorelick requested that a standing agenda item be added to discuss follow-up, with possible reports by RIQI.
- The draft recommendation letter to Dr. Fine about Analytics in CurrentCare, presented in the October 23, 2014 meeting, was reviewed and approved by the Commission with corrections to Commission member affiliations (attached). Ms. Adams suggested that RIQI come back with their Board approved 2015 Plan and how this aligns with the recommendations, so as to better identify a timeline.

4. CurrentCare for Me (Patient Portal) (see attachment)

- Jennifer Bowdoin and Peggy Menna from RIQI presented the CurrentCare for Me (CC4Me) Patient Portal concept.

- As part of CurrentCare enrollment, many enrollees were told that CurrentCare would bring benefits, which have been indirect (reduce duplicative tests, track medications, etc.), but CC4Me enables this powerful system to be directly accessible by consumers.
- Ms. Bowdoin presented three major components of CC4Me:
 - Patient-provider Communication: information not normally collected in CurrentCare; such as emergency contacts, over-the-counter medications, or data from smart devices; would be available with patient-entered data. While healthcare providers may not be ready to receive much of this information directly, CurrentCare provides an ideal platform for delivery, with possible alerts.
 - Dr. Gorelick asked about the alerts, specifically if a provider would get an alert when a patient entered OTC herbs and drugs. Ms. Bowdoin responded that they would have to develop alerts, because providers have given feedback that too many alerts would result in alert fatigue. The end goal is that this data would be fed directly into the provider's EHR, with some type of marker that it is patient-entered data.
 - Dr. Gorelick asked whether there is an interaction check with drugs entered in the CurrentCare system. Ms. Bowdoin responded that this is not currently a feature, but it has been discussed.
 - Dr. Gorelick asked whether a method of communication directly between a provider and patient is being discussed. He thinks any communication would have to be stored locally in that provider's own EHR so that it is easily accessible. Ms. Bowdoin indicated that this feature is still a concept and is being worked on by InterSystems, the vendor. RIQI intends to start small and then further develop these features.
 - Health Care Coordination and Management: Consumers could search a central provider directory and/or upload and store important forms and documents such as healthcare forms, advanced directives, or MOLST. The provider directory could contain direct links to that provider's patient portal.
 - Access to Comprehensive Records: Consumers will be able to view, download, and share comprehensive health records in CC4Me, enhanced by a mobile app and proxy access. By law CurrentCare must provide individuals with access to their records, which is being accommodated through a paper form. CC4Me will enable electronic access to personal records by patients and their proxies.
- Ms. Bowdoin described a timeline for implementation. The launch to the general public will occur after a method to enroll consumers online and verify their identity is finalized.
- Ms. Menna took over the presentation at this point to show the Commission screen shots of what CC4Me currently looks like.
 - The sign on screen has an area where news items can be posted
 - The user sees a welcome page after logging in.
 - The "Health Records Home" page displays a dashboard, which is navigable by clicking on the images or using the text menu on the left.
 - The medical history page displays relevant visits or dates in the patient's medical history organized on a vertical timeline. The date range can be filtered. The specific visits can be clicked on to view detail on that visit.
 - The visit detail page displays information available from that visit, including laboratory results. The user can click on a specific lab result to view more detail.
 - The laboratory tests page displays a comprehensive list of all lab tests in CurrentCare. The user can click on a specific lab result to view more detail and educational information.

- The lab detail page shows the lab test/component, the resulting value, and the normal range. The user can click the “i” button to view information on the lab test from MedLinePlus or click the graph button to graph lab results over time.
 - Dr. Gorelick asked about the use of MedlinePlus and whether the education there is good for labs. His impression is that MedlinePlus is great for diseases and was concerned about the focus of lab result educational materials. His practice’s EHR links to LabTestsOnline.org, which has great layman information on lab tests. Ms. Menna responded that RIQI has talked to InterSystems about sources of patient education, and appreciates any suggestions.
- The medications page shows a list of medications which can be filtered by “current medications” or “all medications” and downloaded as a file to be printed or put on a usb drive.
- The immunizations page shows immunization data from EHR records sent over by CCD.
- The allergies page shows all known allergies. Allergies could be patient entered, but are currently only imported from CCDs or ED encounters.
- The problem list page displays problem lists from visits, and includes an information button to provide patient education from MedlinePlus, all without leaving the system. A sample of how this patient education information looks in CC4Me was displayed.
- The My Clipboard page contains basic demographic information, which could be printed and given to a provider. RIQI is still working on fields to add, and the potential to directly transmit this data to a provider for electronic import.
- The medical records download page is still being designed and the Commission was only shown a preliminary format. It includes a summary of the full CurrentCare record, a section to download a printable file, and a button to send the record to a doctor. Ms. Menna indicated that RIQI is still determining the best method to send the record to a provider.
 - Dr. Gorelick suggested that records file and print-out contain a disclaimer that the data in the record is generated by the provider and is viewable in CurrentCare. If there are questions about the information, then they should be posed to the source of the data. Dr. Gorelick asked if it would be wise to put a statement about protecting and keeping printed/downloaded records secure. Ms. Bowdoin acknowledged that it is easy to add additional disclaimers or watermarks, and RIQI will just need to determine wording and location.
 - Dr. Shea suggested that date printed, patient name and date of birth be visible on every page of the document and Dr. Gorelick agreed.
- The library page consists of a searchable health dictionary, news section, and forms page.
- The account summary page shows account information.
- The account history page shows a chronological list of times the medical record was viewed or downloaded.
 - Dr. Gorelick asked if this area would also show access by providers. Ms. Bowdoin responded that this had been requested of InterSystems. The group suggested that it show the practice, not just the name of the user, so as to not alarm the consumer with an unfamiliar name.
- The proxy users page displays who has been authorized to view the user’s record.

- There will be a “My Care Team” tab once the provider directory is complete, which will allow a user to add specific providers to a saved list.
- Ms. Bowdoin resumed the presentation and discussed the key challenges, which included parental access (adolescent privacy and non-custodial parents), lab and radiology results availability before the provider has had a chance to discuss it with the patient, and the proliferation of patient portals.
- The Commission discussed the CC4Me presentation.
 - Dr. Shea encouraged patient education to be available in multiple languages common in RI.
 - Dr. Shea emphasized that there should be some notice that use of CC4Me is not for emergency situations, and that a physician may not see or act on information immediately.
 - Ms. Lagace questioned why she would want CC4Me if she already has other patient portals, and acknowledged that CC4Me is more holistic. Mr. Almon said that he only has one physician with an EMR, and does not see this holistic value. Dr. Gorelick added that if a physician is not signed up to send data, it does not go into CurrentCare. Ms. Zimmerman said that lab and ED visit data feed into CurrentCare.
 - Dr. Gorelick noted that some providers may encounter issues with achieving Meaningful Use Stage 2, which has requirements around the patient portal, if patients choose only to register for CC4Me and not their provider’s patient portal. Ms. Bowdoin said that this was an acknowledged issue and that RIQI had formed an advisory committee to help work through this kind of issue. Ms. Zimmerman added that some HIEs around the country have sought certification for the HIE patient portal so that providers could use the HIE patient portal to meet meaningful use.
 - Ms. Lagace voiced her concern that she received no notification or confirmation of enrollment in CurrentCare and had to ask her provider if she really signed up. She is concerned that consumers may not know or remember that they signed up and therefore will not know to register for the patient portal.
 - There were no formal recommendations.

5. Schedule and Topics for Future Meetings

- A schedule of 2015 meetings was distributed to the Commission (see attached). The group unanimously approved the proposed schedule.
- Staff will confirm how many members are needed to achieve a quorum.
- It was noted that current members need to be reappointed once their two-year term ends on June 30, 2015, or new members would need to be appointed.
- Topics for future meetings include enrollment, MOLST, EPIC preparation, and the Prescription Monitoring Program. It was agreed that CurrentCare’s Enrollment and integration of MOLST will be discussed at the next meeting. It was suggested that a running list of topics be present at future meetings.
- Commission members confirmed that they are now on the RIQI Board meeting email distribution which provides an invitation to the open meetings, minutes, agenda, as well as the CEO’s letter.

6. Meeting Adjourned at 5:00pm